551 SILVERBROOK DRIVE

WEST BEND 53095 Phone: (262) 334-8589)	Ownershi p:	County
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	18	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	23	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/01:	18	Average Daily Census:	13

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	100. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	0.0	More Than 4 Years	0. 0
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	0. 0 0. 0	65 - 74 75 - 84	22. 2 55. 6	 	100. 0
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 0. 0	85 - 94 95 & 0ver	22. 2 0. 0	************************ Full-Time Equivalen	******* t
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	5. 6 16. 7	j I	100. 0	Nursing Staff per 100 Res (12/31/01)	si dents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	11. 1 5. 6	65 & 0ver	100. 0	 RNs	43. 2
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	14. 1
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	0. 0 61. 1	Male	44. 4	Nursing Assistants, Aides, & Orderlies	56. 3
Mentally Ill Provide Day Programming for	No		100. 0	Female 	55. 6		
Developmentally Disabled	No ****	 	******	: **************	100.0	********	*****

Method of Reimbursement

		Medicare Title 18			dicaid tle 19	-		0ther		F	ri vate Pay	.		amily Care		I	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0
Skilled Care	17	100. 0	322	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	100.0	500	18	100. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Venti l ator- Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	17	100.0		0	0.0		0	0.0		0	0.0		0	0.0		1	100.0		18	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti on	s, Services, and	Activities as of 12	/31/01
Deaths During Reporting Period		`					
8 1 8		ľ		% N	eedi ng		Total
Percent Admissions from:		Activities of	%	Assi s	tance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.3	Bathi ng	0.0	10	00. 0	0.0	18
Other Nursing Homes	0. 5	Dressi ng	0.0	1	00. 0	0. 0	18
Acute Care Hospitals	98. 2	Transferring	0.0	1	00. 0	0. 0	18
Psych. HospMR/DD Facilities	0.0	Toilet Use	0. 0	1	00. 0	0. 0	18
Rehabilitation Hospitals	0.8	Eati ng	77. 8		22. 2	0. 0	18
Other Locations	0.3	**************	*******	******	******	*******	******
Total Number of Admissions	396	Continence		% S ₁	oecial Treatment	S	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	72. 2	Receiving Respi	ratory Care	27. 8
Private Home/No Home Health	33. 6	Occ/Freq. Incontinent	of Bladder	11. 1	Receiving Trach	eostomy Care	0.0
Private Home/With Home Health	33. 3	Occ/Freq. Incontinent	of Bowel	11. 1	Receiving Sucti	oni ng	0. 0
Other Nursing Homes	11. 9				Receiving Oston		0. 0
Acute Care Hospitals	9. 3	Mobility			Recei vi ng Tube	Feedi ng	16. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Receiving Mecha	nically Altered Diets	s 11.1
Rehabilitation Hospitals	1. 0						
Other Locations	9. 0	Skin Care		0	ther Resident Ch	aracteri sti cs	
Deaths	1.8	With Pressure Sores		5. 6	Have Advance Di	recti ves	77. 8
Total Number of Discharges		With Rashes		27. 8 M	edi cati ons		
(Including Deaths)	387				Receiving Psych	oactive Drugs	27. 8

	Facility	basea r	acilities	Fac	aciities	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	56 . 5	88. 1	0. 64	84. 6	0. 67	
Current Residents from In-County	83. 3	83. 9	0. 99	77. 0	1. 08	
Admissions from In-County, Still Residing	3. 8	14. 8	0. 26	20. 8	0. 18	
Admissions/Average Daily Census	3046. 2	202. 6	15. 04	128. 9	23. 63	
Discharges/Average Daily Census	2976. 9	203. 2	14.65	130. 0	22. 89	
Discharges To Private Residence/Average Daily Census	1992. 3	106. 2	18. 76	52. 8	37. 76	
Residents Receiving Skilled Care	100. 0	92. 9	1. 08	85. 3	1. 17	
Residents Aged 65 and Older	100. 0	91. 2	1. 10	87. 5	1. 14	
Title 19 (Medicaid) Funded Residents	0. 0	66. 3	0.00	68. 7	0.00	
Private Pay Funded Residents	0. 0	22. 9	0.00	22. 0	0.00	
Developmentally Disabled Residents	0. 0	1. 6	0.00	7. 6	0.00	
Mentally Ill Residents	0. 0	31. 3	0.00	33. 8	0.00	
General Medical Service Residents	61. 1	20. 4	2. 99	19. 4	3. 15	
Impaired ADL (Mean)*	42. 2	49. 9	0. 85	49. 3	0. 86	
Psychological Problems	27. 8	53. 6	0. 52	51. 9	0. 54	
Nursing Care Required (Mean)*	11. 1	7. 9	1. 40	7. 3	1. 51	